## ATTACHMENT

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U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE: 4 - 9 - 02	
DENTAL - DEPARTMENT		
Michael Hill	REGISTER NO.: 40428 - 133	
WORK ASSIGNMENT:	UNIT: A A	
SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)  I have two cavities one was temperarily filled and the other what has been and the other which has been and the cavity diagnosted both are decentrative getting worse. I would like to be placed on schedule so as to have been cavities permenently and correctly filled in hope of saving both teeth this is my forth request please check records. I came from another filled in facility over seven mouths ago.		
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## (Do not write below this line)

DISPOSITION:

Right now, you are # 184 on the prophy list to have perm. fillings You will have to waid with your name is called. If you have any pain problems though, come right to siekcall.

\*\*SENSITIVE\*\*

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Signature Staff Member	Date	THE OFFICIAL OOF
Amber Douglas, CDA	4-9	<i>-</i> 02
Record Copy - File; Copy - Inmate		

Record Copy - File; Copy - Inmate (This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

